

Social Marketing's Influence on Social Change: Black Male Achievement

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Fifteen years into the twenty-first century, social scientists are presented with the enormous challenge to introduce pragmatic strategies that aim to reduce racial/ethnic social determinant of health disparities. With 45.3 million people living in poverty in the United States (Census, 2013) Black Americans, 12% by population have become disproportionately represented in nearly every adverse quality of life indicator (Conway, 2012). Two inexcusable causes sustain such disparity, stigma associated with health care and mental health services.

Stigma associated with health care amongst Black men is rooted in manipulation due to mistreatment during well documented health related scientific experiments. As a result, Black men facing health issues delay visiting a physician until their problem becomes unbearable. The negative portrayal of mental health consumers, imaged as being crazy has increased Black male resistance to mental health services. Both historical references has causing the mere mention of the word mental health to incite denial of services. Shaped and sustained by institutional bias, historical racism and discrimination, Black men have become disfranchised by institutional, environmental and individual barriers (Gee, 2002).

In February of 2014, President Barack Obama launched his "My Brother's Keeper" initiative to support disadvantaged boys and men of color through adulthood (Belgrave & Brevard, 2014). While this was an exceptional commitment to advance Black male achievement, without an effective social marketing campaign to promote strategies, progress and successful program outcomes (Fox & Kotler, 1980), President Obama's initiative may result little more than a biblical tagline.

Black Male Achievement

Therefore, it is essential to contribute to social marketing scholarship to both promote Black male achievement and equip social change leaders with academic research leading to the implementation of a behavioral health and human service component within an outdated K-12 education structure. Hence, the Black male mindset related to their health and wellness needs will be improved provided systemic, economic, cultural and individual barriers are dissolved simultaneously through development of a well planned and executed social marketing campaign.

Social marketing, social change is intended to facilitate research toward implementation of dual frameworks aimed at reducing health disparities, focusing specifically on trauma and systems change. Despite trauma being described as the issue of our time (Ross, 2014), the evolution of cultural competency and community-defined practices emerge as interventions that take into consideration one's belief and acceptance of service delivery. Having developed for implementation two change mechanisms when appropriately integrated, each aims to shift the attitude among Black males and their perceived value of health and human services. Ongoing research will center on monitoring developmental changes among children, youth and transitional-aged youth to determine if a harmonic and systematic approach to outreach, engage

and educate Black males will contribute to their belief that whole-system transformational change is possible.

Such a proposed shift in thinking requires an upstream approach to social change guided by social marketing ideology. Social marketing eliminates the traditional method of marketing that promotes a product or service, yet centers on influencing a change in behavior (Fox & Kotler, 1980). Social marketing is as essential to social change as social change is to increasing equality. Therefore this research project aims to demonstrate, in order to reduce racial/ethnic social determinates of health disparity, the education and health systems must be transformed congruently.

Trauma and Systems Change

This academic endeavor is sustained by fifteen years and over 30,000 hours of anecdotal conversation and empirical observation having witnessed children and youth being diagnosed with mental illness whom otherwise had behavioral issues. This fundamental system error was the result of K-12 education requiring an intervention for student disruptions. Mental health responded under the guidance of a medical model suggesting diagnose and provide therapeutic treatment. The pursuing outcome justified a billing method for medical eligible students within socioeconomic communities qualifying for services.

To correct this error in judgement and care which significantly contributed to mental health stigma, from June of 2012 to December 2013, this researcher trailed a Peer Empowerment Program (PEP) to begin establishing a cultural connection among Black males (Dubois et. al., 2002) to address issues related to trauma. PEP establishes a workforce education service-training program for transition-aged youth. Educated as Peer Mentors, the team provides behavioral health learning supports to children and youth, to decrease risk factors associated with community violence while increasing their emotional-resilience (Serpell et. al, 2009). PEP organically removes economic, cultural and individual barriers providing systemic pathway to reduce deep rooted community trauma.

PEP frame bridges a coordinated methodology building a Continuum of Healthcare and Education System (CHES) structure (Woods, King, Hanna & Murray, 2012), acknowledged in February of 2012 by California State Legislators as a strategy to reduce mental health disparity among the Black population. As a method for urban revitalization, CHES by design re-engineers Pupil Services into a behavioral health and human services component to co-exist within the current management and instruction education framework (Adelman & Taylor, 2008). According to Duffy (2012) the education system continues to categorize children and youth based on an Industrial Age learning paradigm disregarding Americans shift to the Knowledge Age paradigm of learning. Black children and youth coming of age in trauma-exposed communities experience difficulty maintaining a social and emotional connection to learning and as a result are left behind, dropout or placed in auxiliary education programs (Noguera, 2001). By engaging Black males in a culturally relevant community-defined practice, it is anticipated a shift in behavior will occur through their intimate participation in the delivery of learning supports sustaining the CHES framework. Therefore, transition-aged millennials are actively re-engineering the obsolete education structure.

From 2009 to 2014, this researcher initiated conversation with Metro Transit Authority operators in a unique position to assess community needs while transporting citizens through South Los Angeles. When asked about the plight among people of color following the 2008 economic recession, every driver commented conditions have worsen particularly for Black boys and men. It is no coincidence, in solidarity Black men overwhelming express “the system has not worked in their favor” sustaining the long held belief that no American system was designed to support non-whites. This research project assumes the responsibility to initially assess the thoughts and opinions among Black males as how best to address trauma and systems changes by introducing both PEP and CHES frames to support social marketing research and communication.

Social Marketing, Social Change

Social marketing is a growing phenomenon, although it may become a thing of the past given its newness and lack of applicability in relation to social change (Andreasen, 2002). While there are multiple approaches to social marketing i.e. legal (passing a law to make e-cigarette inhalation near public schools illegal), technological (developing innovations that address barriers to learning and teaching) and informational (social advertising), the scientific approach should not be confused with traditional marketing practices developed to influence the purchase of a particular product or service (Fox & Kotler, 1980).

“Social marketing was originally defined as: ...the design, implementation, and control of programs calculated to influence the acceptability of social ideas” (Kotler & Zaltman, 1971) that influence behavioral change toward a desired outcome.

Building on themes theorized by Fox and Kotler (1980) several examples are provided to successfully execute cause related social marketing campaigns: a.) Understand the population and environment in which the campaign will focus its effort collecting baseline data to validate empirical observation. b.) Ensure the use of incentives communicating benefits to increase participant motivation. c.) Include a facilitation component allowing the target population to adapt their behavior based on identifying with other like-minded individuals and, d.) Avoid costly advertising that doesn’t integrated the message without an applicable approach to ensure participant involvement and transparency.

Examples of social marketing campaigns might: a.) Demonstrate how the general public may persevere water during a drought by decreasing the amount of time spent taking a shower. b.) Explaining to expecting teen mothers the significance of limiting sugary substances during pregnancy to ensure a natural and healthy birth of their child. c.) Display to parents the best way to increase literacy and academic achievement amongst their children is to establish social emotional learning in schools. An appropriately executed social marketing campaign may have resounding effect on the intended population however, typically these types of initiatives are limited to paper flyers or one-time community meetings.

Additional challenges to social marketing include the lack of understanding by corporate social responsibility managers and foundation leadership who may otherwise fund community

capacity building, advocacy or myopically focused programs. Additionally, the often conflicting definition about what social marketing is and is not; limited funding provided for comprehensive social marketing campaigns given the assumption advertising is the sole communication method. And finally, the social marketing practitioner having no connection to the targeted population increases suspicious thought among participants (Andreasen, 2002).

Social Change

To influence population readiness for social change participants must be provided with incentive to establish a psychological link between the value of the proposition and purpose for personal involvement (Hastings & Saren, 2003). The Peer Empowerment Program provides transitional-aged youth with employment opportunity as incentive for participation given unemployment among Black males is highest in the country (Desilver, 2013). As the nation's Affordable Care Act establishes mental health parity, it is advantageous that integration be lead through social change action. The aforementioned strategy will increase the likeliness that a unified health system delivering community-based comprehensive care improves population health.

Social change action will be fulfilled by embracing cultural competency. As defined by managed care organizations, "Cultural competence is a set of behaviors and attitudes and a culture within the business or operation of a system that respects and takes into account the person's cultural background, cultural beliefs, and their values and incorporates it into the way health care is delivered to that individual." By evolving community-defined practices defined by Martinez, Callejas, & Hernandez (2010) as "a set of practices that communities have used and determined to yield positive results as determined by community consensus over time, which may or may not have been measured empirically but have reached a level of acceptance by the community," will ensure the evolution of cultural competency as common practice.

As primary and essential to social marketing, social change is eliminating the term "mental health" in association with Black men seeking to address emotional distress. Social marketing communication will therefore rebrand UCLA's Center for Mental Health in Schools Comprehensive Systems of Learning Supports framework (Adelman & Taylor, 2008) as a Behavioral Health and Human Service component. Rebranding will align with integrated physical health and mental health care considered Behavioral Health Services. Thus, Behavioral Health Learning Supports will replace prevention and early intervention titles to deter the risk of being associated with mental health services. This paradigm shift will enable all cultures to feel empowered to access otherwise historically stigmatized services.

This overarching strategy for social change is multifaceted and complex however, necessary to further social marketing research solidifying processes and language toward community integration. Community integration essentially includes citizens in the process of whole-system transformation to ensure institutional transformation is legitimized by public participation (Stevens, 1989). Therefore this research project will result protocols and procedures for community integration as an innovative social marketing technique. The link between technological and community integration strategies will frame bridge "community level"

interventions with required “system level” changes (Andreasen, 2004) while acknowledging My Brother’s Keeper Initiatives as being the driving faith behind system change.

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